

ROLE OF GENDER AND EQUITY IN MATERNAL, NEONATAL AND CHILD HEALTH PROGRAMS IN WEST AFRICA

WAHO MEP PROJECT

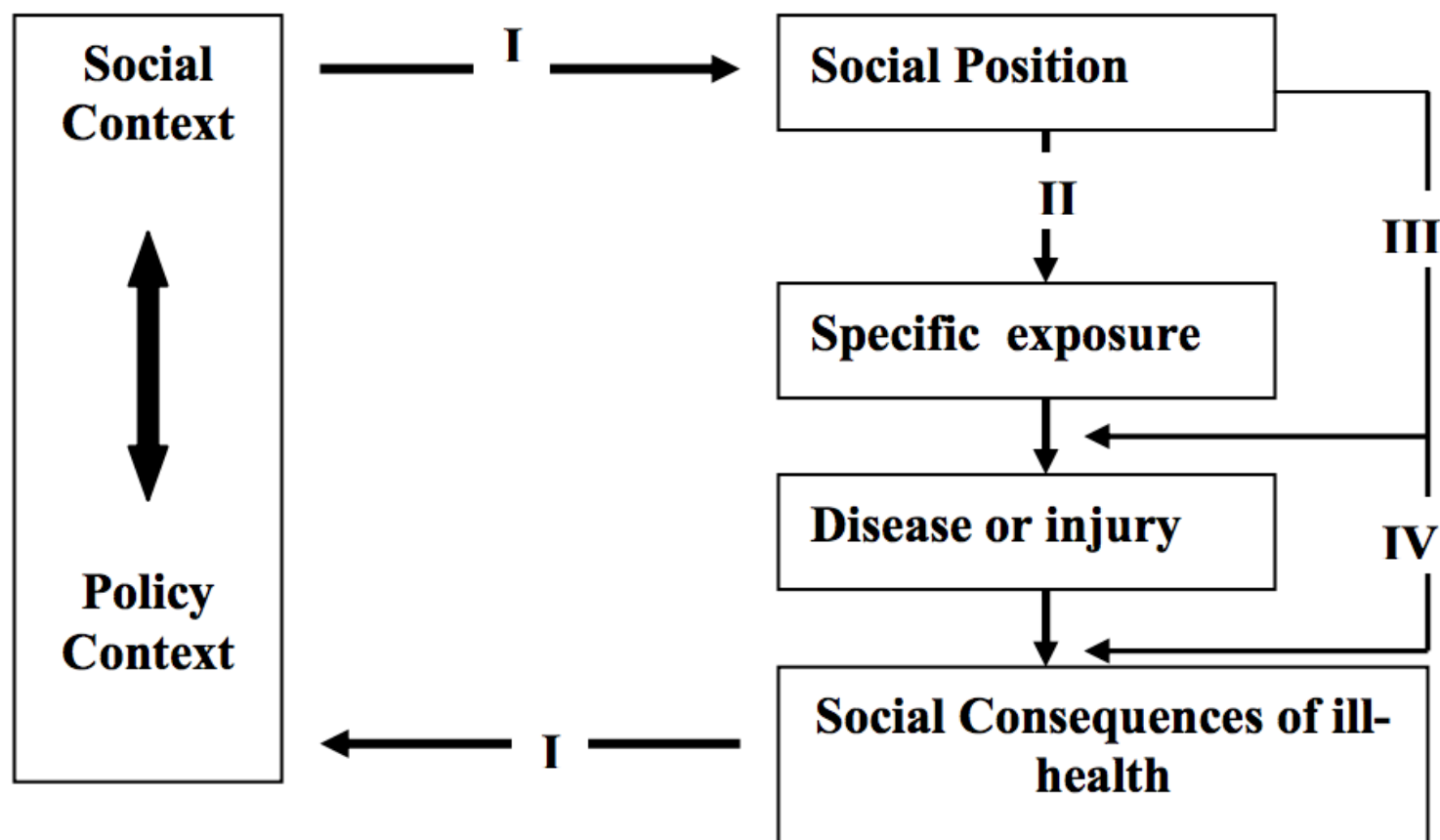
ELIZABETH LARSON, FEBRUARY 18 2016

OUTLINE

- 1. Introduction to equity and gender in maternal, neonatal and child health programs**
- 2. Methodology**
- 3. Preliminary Results**
- 4. Next steps**

EQUITY AND GENDER

SOCIAL STRATIFICATION AND DISEASE PRODUCTION





WHY IS EQUITY IMPORTANT TO MNCH PROGRAMMING?

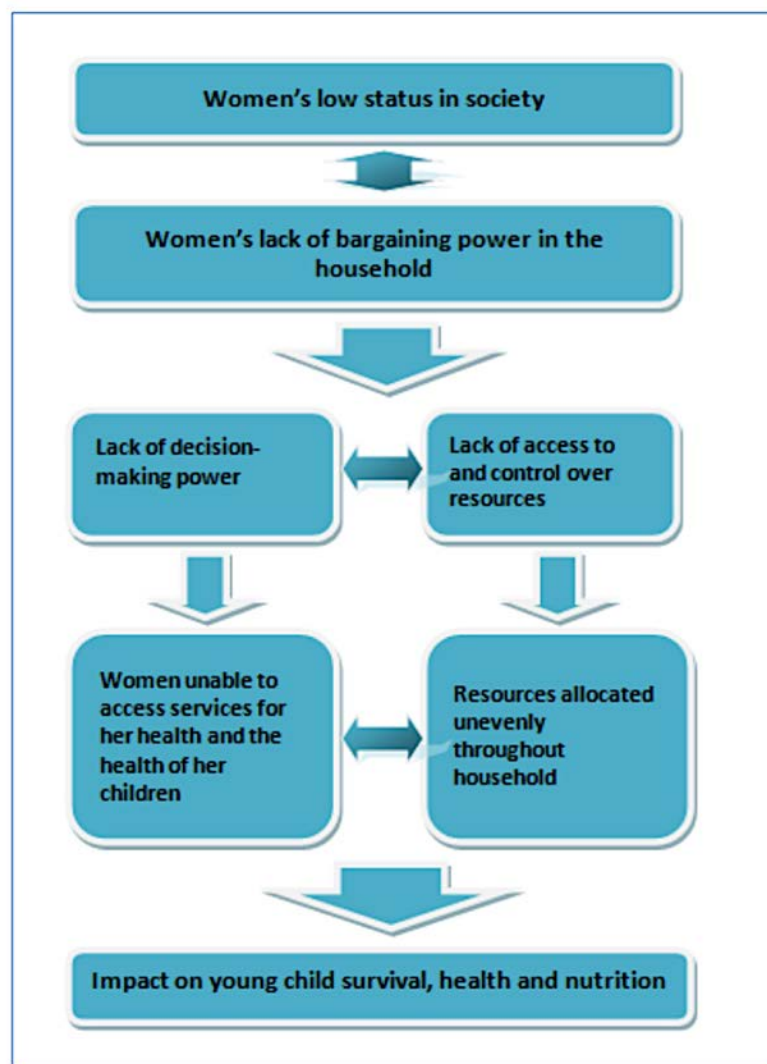
- **Health Equity:** *“Absence of unfair and avoidable health differences among social groups”* – WHO (2010)
- **Do the poorest and most vulnerable populations have access to MNCH services?**
 - How will a woman who lives 3 hours away from the nearest health facility seek treatment for her sick child?
 - How will an unemployed family raise enough money to pay the expensive medical bills?
 - How will a family possess the knowledge that they need to seek medical care for their child?



GENDER

- **Gender (social definition of sex – masculine or feminine)**
 - The social roles of men and women, boys and girls
 - The relations among them
 - Defined by a society at a specific time and place
- **Gender encompasses...**
 - Interpersonal relationships
 - How society is organized in terms of social norms, structures, resources, and institutions within communities, services delivery and economies

RELATIONSHIP BETWEEN A WOMAN'S STATUS AND HER CHILD'S HEALTH





WHY IS GENDER IMPORTANT TO MNCH PROGRAMMING?

- **Power relations play a central role in how gender influences ...**
 - Social norms
 - Decision making
 - Access to resources
- **Determines if a person's needs are known, if they have a voice or a minimum of control around their lives and their health, and if they can assert their rights**
- **The status of the mother influences the health of the child**



... AND MEN?

- **Nothing can change without the implication of men**
 - Social norms surrounding gender influence decision-making and access to resources
 - Who is valued for what?
 - Who decides what?
 - Who does what?
 - Who has what?
- **Gender-Transformative : Changes that challenge gender norms and inequalities between men and women**

METHODOLOGY



METHODOLOGY

- **Literature Review**
 - Scientific Articles
 - Program Reports
- **Interviews and Questionnaires**
 - Why and how did they decide to (or not to) include gender/equity in their programs?
 - What were the barriers and facilitators to the incorporation of gender/equity into their programs?
 - What have been the challenges and success of these programs?
- **Respondent Validation**
 - Do my results accurately reflect what is happening in the field?

DEFINITION OF MATERNAL HEALTH

Focus on maternity services...

- Antenatal care
- Childbirth
- Postpartum care
- Abortion and post-abortion care
- Nutrition

Not the broader remit of sexual and reproductive health services...

- HIV
- STIs
- Family planning
- Malaria in pregnancy

DEFINITION OF CHILD HEALTH

Includes...

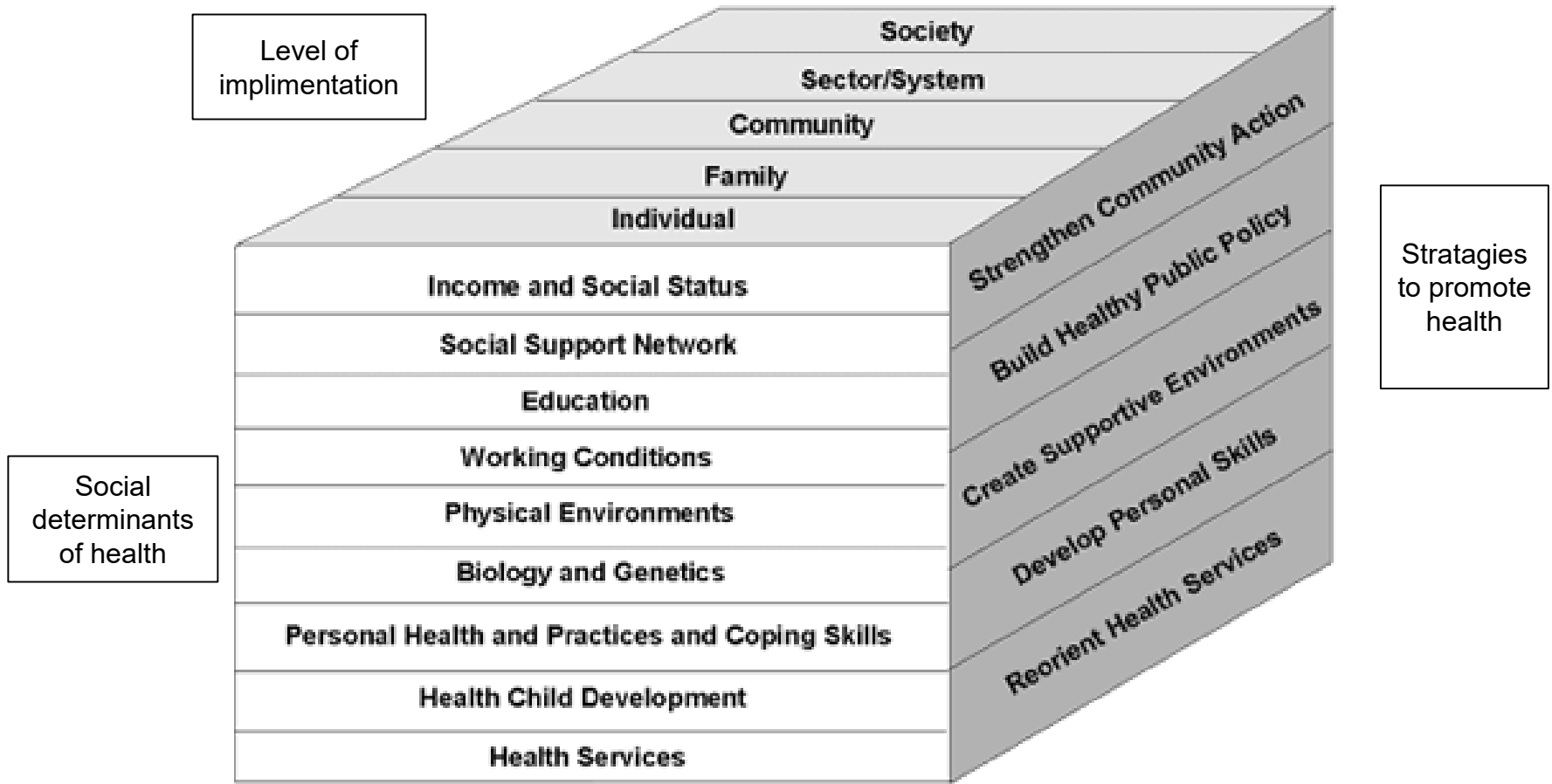
- Malnutrition
- Immunization
- Integrated Management of Childhood Illness (IMCI)
- Community care of diarrhea, pneumonia and malaria

Does not include...

- Prevention of maternal to child transmission of HIV
- Pediatric AIDS

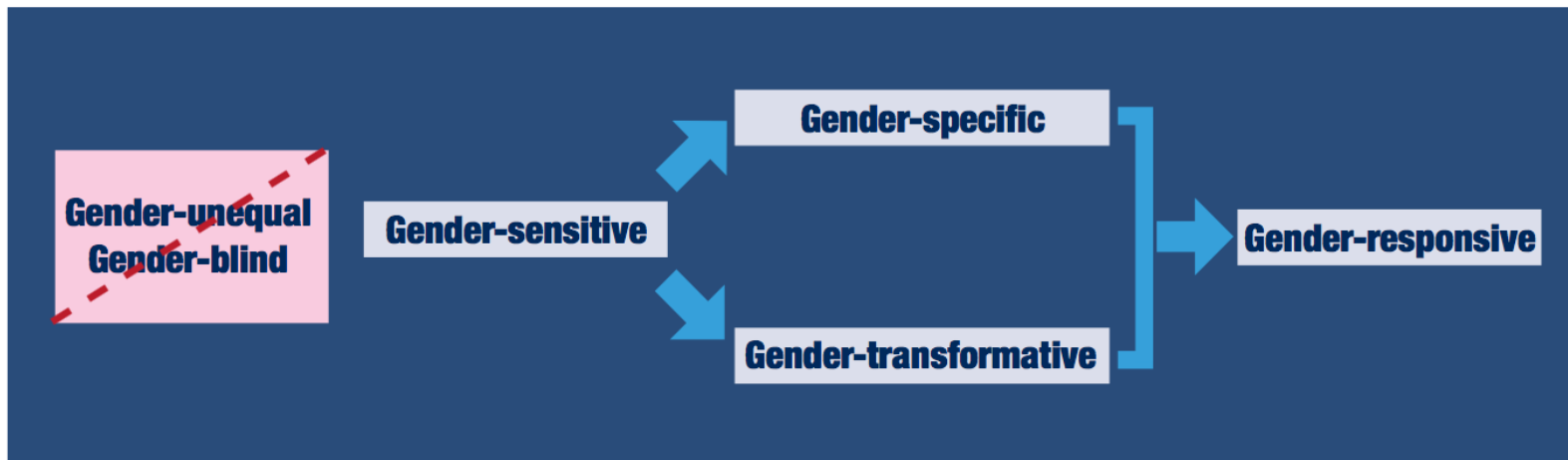


EQUITY





GENDER





PRELIMINARY RESULTS



OVERARCHING THEMES

- **Expanded Programs on Immunization and community-based programs are the most common approaches**
- **Reduction of out of pocket payments**
 - User-fee exemption
 - Health Insurance
- **National level guarantees coverage of the entire population**
 - Does not respond to the specific needs of the most vulnerable populations
- **Lack of programs that address gender, in other words...**
 - The specific characteristics and power relations that distinguish males and females within communities



BENIN COUNTRY

CONTEXT: EQUITY

- **Community Health Workers**
 - Provide health services and education at the community level
 - Improve the use of primary health care
 - Integrated management of childhood illness
- **Bamako Initiative**
 - Implementation of an essential health care package
 - Increase availability of essential drugs and other supplies
 - Improve geographical access to healthcare services



BENIN COUNTRY CONTEXT: GENDER

- **No programs were identified that specifically sought to overcome gender inequality at the household, community, regional, or national levels**
 - Many programs specifically targeted women



BURKINA FASO COUNTRY CONTEXT: EQUITY

- **Financial Mechanisms**
 - Improve the socio-economic status of beneficiaries
 - Increase access to healthcare
 - 80% subsidy of of obstetric emergency and neonatal care by the government
- **Improved education**
 - Most programs include a learning or community mobilization pillar



BURKINA FASO COUNTRY CONTEXT: EQUITY

- **Geographical Barriers**
 - Training of CHWs
 - Malaria
 - Education
 - Malnutrition
 - Home Management of Malaria
- **National Malaria Control Program (Roll Back Malaria Priority Interventions)**
 - Free ITN distribution
 - Intermediate preventative treatment for pregnant woman
 - Treatment of all active cases with ACTs

BURKINA FASO COUNTRY CONTEXT: GENDER

- **Few programs help women overcome barriers they face due to their gender**
- **Programs exists to**
 1. Reduce gender-related gaps in the provision of services
 2. Microcredit and income generation programs to provide women with the necessary resources to access care

GHANA COUNTRY CONTEXT: EQUITY

- **Project Five Alive!**
 - Community Outreach to decrease...
 - Socio-economic barriers
 - Educational barriers
 - Geographical barriers
 - Register women to receive health consultations throughout pregnancy
- **NHIS**
 - Offset inequalities in access to health care
 - Improve access to ANC
 - Increase facility-based deliveries



GHANA COUNTRY CONTEXT: EQUITY

- **Community Health Workers/Community Outreach**
 - Integrated Community Case Management
 - Improve nutrition
 - Malaria Control
 - Community-based distribution of misoprostol
 - Educational programs to improve the utilization of emergency obstetric services

GHANA COUNTRY CONTEXT: GENDER

- **Microfinance Programs**
 - Increase woman's empowerment
 - Overcome socially implemented power structures that impede health care access
- **Navrongo Experiment**
 - Targets men through community mobilization activities
 - Promote gender equity
 - Overcome gatekeeping of women's health-seeking behavior



MALI COUNTRY CONTEXT: EQUITY

- **Quality of service delivery**
 - Improvement of routine service delivery
 - Increased accessibility of routine service delivery
 - Comprehensive emergency obstetric care services
 - Health systems strengthening
- **Nation-wide interventions**
 - Expanded Program on Immunization
 - National Nutritional Weeks

MALI COUNTRY

CONTEXT: GENDER

- **No programs were identified that specifically sought to overcome gender inequality at the household, community, regional, or national levels**
 - Many programs specifically targeted women



NIGERIA COUNTRY CONTEXT: EQUITY

- **Geographical barriers**
 - Innovative transportation mechanisms
 - Midwives' Service Scheme
 - Community Health Workers
- **NHIS**
 - Comprehensive health care delivery at affordable costs
 - Achieve equitable access to health care
- **Conditional Cash Transfer Program**
 - Financial incentives to attend key health services
 - Promote retention through the continuum of care



NIGERIA COUNTRY CONTEXT: EQUITY

- **Bamako Initiative**
 - Implementation of an essential health care package
 - Increase availability of essential drugs and other supplies
 - Improve geographical access to healthcare services
- **Child Immunization**
 - Program for Reviving Routine Immunization in Northern Nigeria – Maternal, Newborn and Child Health
 - Partner with other initiatives to increase coverage

NIGERIA COUNTRY CONTEXT: GENDER

- **Few were identified that specifically sought to overcome gender inequality at the household, community, regional, or national levels**
 - Husbands' School
 - Involve men in health promotion
 - Foster behavior change
 - Many programs specifically targeted women



SENEGAL COUNTRY CONTEXT: EQUITY

- **Malaria**
 - Home management of the disease
 - Distribution of insecticide-treated nets
- **Pregnancy**
 - Training of community health agents to provide basic health services
 - Elimination of user fees for both vaginal and caesarian deliveries
- **Nutrition**
 - Community Nutrition Project in urban Senegal
 - Use of community health agents to educate mothers and monitor the health and nutrition of mother and child



SENEGAL COUNTRY CONTEXT: GENDER

- **Husbands' School**
 - Involve men in health promotion
 - Foster behavior change
- **Few programs that are gender-specific or gender-transformative**
 - Program in Tambacounda that targets "grandmothers"
 - Education and empowerment program
 - Utilizes pre-existing power-relations that give an elevated status to grandmother to improve the negotiation power of future mothers

BARRIERS: EQUITY

- **Programs stop at the geographical, educational and socio-economic levels**
 - Do not target vulnerable populations
 - Handicapped
 - Specific needs of young and old mothers
 - Unemployed
 - Household with a woman as the head of household
 - Informal workers in urban settings



BARRIERS: GENDER

- **Majority of programs are "gender-blind"**
 - Health insurance: Who actually has access?
 - User-fees: Where is the money coming from?
- **or "gender-sensitive"**
 - Microcredit programs
 - Voucher programs
 - Immunization programs
 - Improvement of services access does not change the status of the woman (even if it does improve her health)
- **Omits gender dynamics within society that limit mothers' movements and decision-making abilities when seeking healthcare for their children and themselves**



BARRIERS: FOCUS ON CHWS

- **Have the potential to dramatically improve the overall health of communities**
- **However, CHW programs also may:**
 - Perpetuate gender inequity
 - Aggravate gender-related power dynamics in the household
 - Lock the person into being a CHW rather than provide them with the resources to move up in the health system

NEXT STEPS

NEXT STEPS

- **Target the most vulnerable populations**
- **Work with men and women to change pre-existing power-dynamics**
- **Reinforce collaboration**
 - Avoid program duplication to increase program efficacy
- **Scale-up successful programming**



HOW TO INCLUDE GENDER

- **Go beyond the woman**
 - Include men in the program
 - Aim to understand power dynamics and social norms surrounding gender
 - How are women of different social stratifiers (age, income, education...) treated the same and different in a community?
 - How do power dynamics and social norms differ between the individual, household, community, sector, and system levels?

THANK YOU

MERCI

OBRIGADO